## Logistics Section Chief Type 1 Qualified (LSC1 Qualified)

Name: Home Agency:
Requesting review by the Qualification Committee on:
(DATE)
SUBMIT THE FOLLOWING DOCUMENTATION:
Training Certificates:
S-520 Advanced Incident Management OR
☐ CIMC Complex Incident Management Course
Fire Experience:
☐ Fire Experience Logs documenting current fire experience
Position Task Book: Completion and Certification of the LSC1 Task Book
☐ LSC1 Cover Sheet
☐ Final Evaluator/ Agency Certification Page (both signatures required) ☐ Submit all task book evaluations
☐ Unload the required decuments in IOS or send by small to: AzPedCorde@dffm oz cov
☐ Upload the required documents in IQS or send by email to: <u>AzRedCards@dffm.az.gov</u>